

Workforce Innovation and Opportunity Act

Supportive Service Policy & Procedure

No individual in the United States may, on the basis of race, color, religion, sex, national origin, age, [disability,](https://www.law.cornell.edu/definitions/index.php?width=840&amp;height=800&amp;iframe=true&amp;def_id=5814e48524e23b3549a88bcae9486b1d&amp;term_occur=1&amp;term_src=Title%3A29%3ASubtitle%3AA%3APart%3A38%3ASubpart%3AA%3A38.5) or political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship or participation in any WIOA Title I-financially assisted program or activity, be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any WIOA Title I-financially assisted program or activity.



Equal opportunity employment/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Supportive Service Policy & Procedure

# I. PURPOSE:

The purpose of this policy is to provide guidance and establish the Northeast Workforce Development Boards (NEWDB) standards for the issuance and implementation of Supportive Services to eligible participants enrolled in the Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker and Youth programs. This policy is established in accordance with WIOA, the Oklahoma Office of Workforce Development (OOWD), and other applicable State and Federal laws, rules and regulations.

# II. BACKGROUND:

The Workforce Innovation and Opportunity Act (WIOA) provides supportive services program guidelines for WIOA eligible adult and dislocated workers in WIOA Section 3(59) and 134 (d)(2) and (3) and for WIOA eligible youth in WIOA section 129 (c)(2)(G).

Supportive services are not an entitlement, but are designed to provide participants with the resources necessary to participate in career services and/or and training services, excluding adults and dislocated workers who are in follow up. Supportive services may be made available to adult and dislocated workers participating in title I career services (excluding follow up career services) or training services (OWDI 19-2017 Change 1 Adult and Dislocated Worker). While follow up is defined as a service, follow-up as it relates to Adult and Dislocated Worker participants is only provided after these participants have completed training or other career services and/or has exited the WIOA funded program and therefore, they are not considered to be engaged in active participation (TEGL 19-2016).

Youth participants may receive supportive services as an allowable program element during follow-up (OWDI 02-2016 Change 2 WIOA Title 1 Youth Program).

**Legal Use of Federal Funds:** WIOA funds may not be used to help participants or employers to fill positions or provide support for employment that promotes or supports the use, possession or distribution of marijuana.

# III. REFERENCES:

* WIOA Sections 3(59), 134(d)(2), 129(c)(2)(G)
* 20 CFR 680.330, 680.900, 680.910, 680.920, 681.570
* TEGL 19-16
* OWDI #12-2017
* OWDI #19-2017 Change 1 Adult and Dislocated Worker
* OOWD TA’s 05-2017 and 07-2017
* OWDI- #02-2016 Change 2 WIOA Title 1 Youth Program
* 2 CFR 200
* OWDI # 07-2019, Grant Funds to Pay for the Cost of Meals

**BABEL NOTICE:** (29CFR 38.9(g)(3)): This document contains vital service information. If English is not your preferred language, please contact:

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# IV. SUPPORTIVE SERVICES POLICY:

Supportive services are available to eligible individuals enrolled in WIOA adult, dislocated workers and youth programs WIOA Section 3(59). Supportive services are available to eligible individuals who are:

* Participating in programs with activities authorized under WIOA; and
* Unable to obtain such supportive services through other programs providing such services.

To ensure the highest quality, most comprehensive service provision possible, supportive services funds may be utilized in coordination with career and training services provided by other partner programs and entities jointly responsible for workforce and economic development, educational, and other human resource programs. For example, title I supportive services funds may be utilized when the cost of training is borne by a workforce partner if the partner entity does not have available funds for supportive services, and the supportive services are not otherwise available from other sources, as per this policy.

Supportive Services provide participants with the resources necessary to participate in career services and/or and training services and may include assistance with transportation, childcare, dependent care, housing, or needs-related payments (training related only).

Needs-related payments are a type of supportive service which are available to eligible participants only under specific circumstances and only with approval of the NEWDB Executive Director. Needs-related payments are only available to eligible individuals enrolled in training who are unemployed and are not qualified for, or have ceased to qualify for unemployment compensation. It is the preference of the NEWDB to assist eligible individuals enrolled in WIOA training services with other supportive service assistance in lieu of needs-related payments.

The Service Provider is responsible for ensuring adequate assessment and determination of alternative community resources available, making referrals as needed when other services exist, and documenting the referral and detailing the outcome. Likewise, the Service Provider is responsible for documenting the necessity of the use of WIOA funds when other resources are not available. Documentation of the details and the type(s) of supportive services provided to an individual, which entity provided the services, and why the services were necessary for the individual’s participation in career or training services must be documented in the Required Supportive Services During Active Participation section of the virtual IEP and/or Program Notes.

## Allowable Funds:

The total maximum of allowable supportive service funds for an eligible participant is $3,500. The total maximum may be increased with the approval of the NEWDB Director. The Service Provider is required to submit justification and supporting documentation for an increase prior to the director in order to obtain approval for the increase.

Limitations for **Pell-eligible** training programs: Eligible training providers (ETPs), including community colleges, universities, technology centers, and private training entities may offer both Pell eligible and non-Pell eligible training programs. The Coordination of Training Funds form must indicate whether the training program is Pell-eligible. When the program is Pell-eligible, the combination of training and supportive services cannot be greater than the unmet need listed on the Coordination of Training Funds (COTF) form.

**Non-Pell eligible** training programs, do not calculate unmet need in the same manner as Pell eligible training programs. ETPs offering short term training that is not Pell eligible generally document only the direct cost of training, i.e., tuition and mandatory fees, books, equipment, cost of exams and licenses, etc. In the event the Coordination of Training Funds form indicates the training program is not Pell eligible and the unmet financial need equals the cost of attendance, the service provider may provide supportive services in excess of the unmet financial need, as long as it has been appropriately justified and documented as a need in the client’s Oklahoma Service Link file and that supportive service is required to allow the client to participate or continue in a WIOA occupational skills training activity.

## Procedure:

A self-inventory of needs is included in the assessment packet and will be reviewed by the case manager for referral to appropriate community partners. If it is determined that no sources of service are available, WIOA funds can be utilized to address the identified supportive service need.

The Service Provider is required to secure service or product agreements with supportive service providers using the following in-house developed forms:

* Childcare Agreement (Attachment A)
* Childcare Attendance Record (Attachment B)
* Goods and Services Procurement (Attachment C)
* Letter of Authorization to Purchase (Attachment D)
* Purchase Agreement (Attachment E)
* Reimbursement Agreement (Attachment F)
* Supportive Service Agreement (Attachment G)
* Unavailability of Services (Attachment H)
* Travel Reimbursement Agreement (Attachment I)
* Supportive Service Checklist (Attachment J)
* (Where applicable, a maximum amount must be specified on the form.)

## Allowable Supportive Services:

* Childcare/dependent care assistance
* Emergency or short-term/temporary housing assistance
* Utility assistance
* Education/ training/employment related clothing, equipment and/or tools
* Medical equipment and fittings
* Transportation assistance
* Food purchase for Youth
* Licensure/certification fees
* Grooming/hygiene items
* Disability-related services
* Other supportive services

# V. PROCEDURES BY TYPE OF SUPPORTIVE SERVICE:

The WIOA Service Provider is responsible for ensuring the implantation and payment of Supportive Service are conducted in accordance with the procedures outlined in each of the following:

## Childcare/Dependent Care Assistance

In most instances childcare/dependent care assistance is available through the Department of Human Services (DHS) funding. However, situations may arise which prohibit DHS from providing childcare/dependent care assistance. For example: DHS approved childcare providers cannot accept children when they are ill. The service provider may assist with childcare expenses when DHS is unable to provide such services. Each eligible WIOA participant is limited to ten (10) emergency childcare days in a calendar year except in the case of major medical conditions supported by a doctor’s statement. An ***Unavailability of Services*** form must be completed to document the unavailability of the service for each separate occurrence of demonstrated need.

## Procedure:

When no other arrangements can be made for emergency childcare/dependent care, the WIOA participant may enter into a childcare/dependent care agreement necessitating child of dependent care payment with an individual or entity. The WIOA Service Provider must enter into a Childcare/Dependent Care Agreement with the child/dependent care service provider. Childcare/dependent care payments will be paid directly to the child care service provider or vendor.

In addition to completion of the **Childcare/Dependent Care Agreement**, the WIOA service provider must obtain a completed **Childcare/Dependent Care Attendance Record** and **participant timesheet verification** of classroom participation in a training activity or pre-vocational training activity prior to authorization of payment for child/dependent care.

The WIOA Service Provider must provide the following allowance for each hour of documented participation in an allowable activity: At a rate commensurate the Department of Human Services child subsidy rate, which can be found at:

<http://www.okdhs.org/services/cc/Pages/ChildCareBenefits.aspx>

The selection of the childcare service provider is the responsibility of the participant.

## Emergency or Short-Term /Temporary Housing:

WIOA funds may be used to assist participants with emergency or short-term/temporary housing needs, including deposits, when participants do not have adequate housing, cannot pay current and/or back rent or house payment, have a need to relocate or temporary housing is necessary for a participant to attend training. The WIOA Service Provider should limit the payment of rent, housing payments, and/or deposits to one time unless extreme circumstances require emergency assistance. The case manager should use extreme caution when assisting the participant in establishing new permanent residency. The participant must demonstrate the ability to maintain this financial commitment. WIOA career managers must work with the participant to assess financial capacity, which includes budget assessment and the development a plan of action for future payments plan. WIOA funding may not be utilized to pay late fees or penalties. Payment of late fees or penalties will result in a disallowed cost.

## Procedure:

Prior to authorization for payment of Emergency or Short-term/Temporary Housing assistance, the WIOA Service Provider must obtain verification of participant address where assistance is being provided and verification of occupancy of that residence, including as applicable, copy of the lease agreement, mortgage statement, eviction notice, payment book or itemized statement from the landlord specifying the amount of back rent or back mortgage to be paid. Utilities paid as part of a lease agreement must be identified by specific amount as stated on the lease or utility billing statement. Payments will be made directly to the landlord or mortgage company identified on the lease, mortgage or eviction notice.

The WIOA Service Provider must obtain all source or backup documents as necessary to process payment of lease or lease/utilities, mortgage, or eviction notice. In addition to the lease/utility verification, mortgage or eviction notice, the service provider must complete a ***Customer Goods/Services Procurement*** form when establishing new residency. A *Purchase Agreement* is notrequired; however, a ***Letter of Authorization to Purchase*** is required to document that appropriate WIOA staff has approved this support service.

## Utility Assistance:

WIOA funds may be used to assist participants with the payment of utilities and utility deposits in order to establish utility services and to bring the utility charged current in order to re-establish service. WIOA funding **may not** be utilized to pay late penalties or late fees. Utilities assistance may be necessary to establish, reinstate or retain services. The Service Provider should limit the payment of utilities to one time, unless extreme circumstances require emergency assistance.

## Procedure:

The WIOA Service Provider must obtain all source or backup documents as necessary to process payment utility assistance, such as a billing statement, cut-off notice or a printout obtained directly from the utility company indicating the total amount to be paid. Billing statements, cut-off notices, or printouts must list the participants name and address in order to be paid. Payment is paid directly to the utility company. A Purchase Agreement is not required to provide assistance with utilities.

## Clothing, Uniforms, Equipment and Tools:

WIOA funds may be used to assist participants with clothing, such as uniforms and business suites, as well as equipment and tools when. Assistance with such items is allowable when required for training or employment purposes, and when no other assistance is available. The clothing allowance is limited to $100, unless justification can be provided that would exceed the limitation amount. The justification for exceeding the $100 limitation must be documented in a detailed program note. Clothing items must be job or training appropriate and the invoice must identify the specified items.

## Procedure:

Prior to the purchase of specific items, a ***Customer Goods/Services Procurement*** form must be completed and a ***Purchase Agreement*** must be written with the vendor. WIOA service provider staff must issue a ***Letter of Authorization to Purchase*** to the WIOA participant, authorizing the purchase. The vendor must submit an itemized invoice and the original letter of ***Letter of Authorization to Purchase*** to the WIOA Service Provider in order to receive payment.

# Medical Services:

WIOA funds may be used to assist participants with certain medical services necessary to successfully begin or complete training or skill gain, and/or retain employment. Allowable medical services include, but are not limited to required pre-entry medical exams, shots (including charges for the serum and procedure of giving the shot) related to medical training as well as eye exams and eyeglasses. The medical service must be directly related to gaining a credential or gaining/retaining employment.

## Procedure:

Prior to the provision of the medical service, a ***Customer Goods/Services Procurement*** form must be completed and a ***Purchase Agreement*** must be written with the vendor. WIOA service provider staff must issue a ***Letter of Authorization to Purchase*** to the WIOA participant, authorizing the purchase of the service. The vendor must submit an itemized invoice and the original ***Letter of Authorization to Purchase*** to the WIOA Service Provider in order to receive payment.

"General Procedures" (listed at the end of this section) must be used when purchasing prescription drugs, medical equipment or fittings. During the procurement process, the WIOA case manager should request generic brands when they are available. The combined supportive service assistance total cost for an eye examination, frames, and lenses shall not exceed a total of $300.

## Transportation Assistance:

WIOA funds may be used to assist participants with the travel costs associated with attending occupational skills training, job readiness training employment activities, approved events or activities, WIOA support groups and post-employment training. Types of transportation assistance includes the following:

### Mileage Assistance

Mileage assistance will be based on attendance in training and will be paid monthly. The participant will be reimbursed for travel only for the days he/she can demonstrate time and attendance in one of these activities. Each Classroom Attendance Report shall be submitted for reimbursement no later than 30 calendar days following the last day of the period (month). Failure to submit each Classroom Attendance Report in a timely manner will result in de-obligation of the remaining mileage reimbursement balance. Mileage will be reimbursed at 50% of the current state mileage reimbursement rate for Oklahoma, (rounded to the nearest $0.01). The current state mileage reimbursement rate for Oklahoma can be found at: [http://www.gsa.gov/portal/content/100715.](http://www.gsa.gov/portal/content/100715)

To calculate the travel distance allowed for participant reimbursement, career managers can use MapQuest, Google Maps or a similar mapping system to calculate the distance traveled beginning from the participants home to the training or activity destination. A copy of the information used to calculate mileage will need to be attached to the appropriate form for reimbursement. WIOA funds cannot be used to buy automobiles for program participants.

Career managers must justify special circumstances that require the additional supportive service (travel reimbursement) and document in the program notes the specific need for this supportive service. Travel reimbursement will be limited to 30 school attendance days. Certain circumstances may require extended days for travel. Any extensions must be approved by the board director.

Travel reimbursement will not be paid when a participant is receiving a travel stipend from another source. Such payment would be a disallowed cost.

### Public Transportation

When public transportation is necessary and when no other sources of funding are available, the WIOA Service Provider may contract with the transportation service provider for the provision of transportation services for the participant.

### Auto Expenses

A one-time expenditure for each of the following is permissible:

* Vehicle repairs—including documentation of service/parts required to return the vehicle to working condition.
* Vehicle maintenance—including documentation of service/parts necessary to maintain the working condition of the vehicle. Examples include tires, tune-up, battery, oil change and etc.
* Vehicle registration/tags (excluding penalties).
* Current/past due vehicle payment
* WIOA funds may not be used to provide any down payment or loans for a car purchase. Such payment would be a disallowed cost.

### Driver’s License and Insurance

A one-time payment of a Driver’s license fee or vehicle insurance (not more than six months).

Fees assessed by the Department of Public Safety, for the processing the reinstatement of suspended or revoked driving privileges is not part of the fine and is therefore an allowable supportive service expense. Therefore, if resources are not otherwise available, WIOA funds may be used to pay this fee. Additionally, WIOA funds may be utilized to assist the participant to pay for Driver's Education, a Defensive Driver Course, and DUI Class or other such classes necessary to attain or regain a driver's license.

WIOA funds may **not** be used to pay for legal fines/fees. The WIOA career manager should assist the participant in establishing an arrangement with legal authorities for "working off' the fine when possible.

## Procedure:

Participant time sheets reflecting attendance in a WIOA approved training or activity, or in subsidized employment are required for transportation reimbursement. WIOA time sheets may be used to verify time and attendance if no other suitable documentation is available.

A ***Supportive Service Agreement*** and a ***Travel Reimbursement*** worksheet must be completed in order to pay mileage, however, if travel reimbursement is obligated at the time a voucher for training is issued, only a ***Travel Reimbursement*** worksheetwill be required and the signed voucher will act in place of the ***Supportive Service Agreement.***

"General Procedures" (listed at the end of this section) must be followed when purchasing goods or services for transportation related needs including vehicle parts, repairs and maintenance. Maintenance is defined as goods/services necessary to maintain the reliability of the vehicle, such as tires, battery, tune-up, oil change, etc.

When assisting with a driver's license fee, participant reimbursement is preferable. A ***Reimbursement Agreement***and a copy of the receipt are required for reimbursement. If necessary, a ***Letter of Authorization to Purchase*** may be used when purchased from an appropriate agency.

Documentation verifying the monthly payment amount (such as a payment book, payment coupon, or a contract) or a “past due notice” stating monthly the monthly payment must be provided with a ***Letter of Authorization to Purchase*** in order to pay the current or past due vehicle payment.

## Meal or Food Purchase for Youth:

Because of age, geographical location, safety issues, etc., situations may arise during youth training activities that would require the provision of meals to youth. In such situations, food allowances for Youth attending all day workshops/training can be paid. Key factors to affecting the allowability of such costs include:

* The reasonableness of the cost (i.e., the per-participant cost is not higher than the Per Diem rate for the location of meeting or lowest quote);
* The event duration or timing (e.g., all day or when it is necessary to hold or continue an activity during a normal mealtime);
* Location (e.g., limited access to or limited number of establishments); and
* Quantity of meals or refreshments provided compared to projected attendance (it is recommended to reduce the total number of RSVP’s by 10 percent to allow for no shows or cancellations to reduce overage of unused meals).

1. All costs relating to meal or food purchase must be adequately documented in accordance with the following:

* Letter or statement from the WIOA Service Provider documenting need (necessity) for providing a meal;
* Actual attendance in training must be verified;
* A signed Time and Attendance Record or Stipend Timesheet will serve as a self-attestation of the expenditure;
* The Service Provider will be required to document the actual cost of meals each day;
* The meal allowance per day shall not exceed $10.00 per participant per day;
* Tips are not an allowable expense;
* Each day's meal will require at least three price quotes; if you know you are going to have 3 workshops in the summer, you may procure from the same vendor to cover the entire timeframe after you receive your 3 price quotes; if you do outings, call ahead and obtain quotes, and
* The cost of each meal must be included in the total supportive services provided to each participant and cannot exceed NEWDB’s total supportive service limit of $3,500 per person.

**Note:** WIOA staff is prohibited from consuming food/meals purchased for Youth Program sponsored events or activities. WIOA staff may pay for their own meals while participating in Youth Program sponsored events or activities. Payment or reimbursement of youth participant meals/food is based on the actual number of participant attendance. Purchase of food in bulk, such as pizza or buffet style meals (unless broken down by individual cost per participant) is strongly discouraged, due to the difficulty in validating/documenting the purchased consumables was served only to participants.

## Licensure/Certification Fees:

WIOA funds may be used to assist participants with fees required for licensing, testing, certification, bonding, finger printing, drug testing and other federal, state or individual employer requirements.

## Procedure:

Participant reimbursement of costs associated with payment of licensure/certification fees is preferable whenever possible. A ***Reimbursement Agreement***, a copy of the receipt with the participants name and proof of completion are required before reimbursement can be made. If participant reimbursement is not possible, Career Managers must follow the “General Procedures”, as described in this policy. The vendor must submit an invoice for payment to the WIOA Service Provider in order to receive payment.

Fees associated with some of the services listed above, particularly those paid to state or federal agencies, must be paid prior to, or upon receipt of the service. Additional documents necessary to reimburse the participant payment, include a copy of the participants application to the particular licensing or testing agency attached to the ***Customer Goods/Services Procurement***.

Fees associated with the General Education Diploma (GED) test are on a reimbursement basis. The WIOA Service Provider may reimburse the participant upon completion of each test module. If the participant fails the module, the participant may retest up to two times in the module at the discretion of the case manager. Participants are required to enroll and participate in some form of GED test preparation before retaking the module.

## Disability-Related Services:

WIOA funding can be used to pay for the expenses necessary to assist those with physical or mental disabilities with training or employment. Those services include, but are not limited to, job coaching, work site accommodations, special equipment or tools, modifications to vehicles and care for disabled dependents.

## Procedures:

Career manager must follow the General Procedures, as describe in this policy.

## Other Support Services:

Other support service and job retention needs may be identified during initial assessment, during periodic reviews, or at any time during post-employment. WIOA payment for services not specified in the policies outlined above must be approved by the NEWDB Executive Director.

## Reimbursements:

As indicated in previous sections of this policy, reimbursements are sometimes necessary as a means of addressing a participant’s supportive service need. Documentation requirements for processing reimbursements not otherwise addressed herein, include following:

* Unavailability of Services
* Itemized receipt with the participant’s name
* Reimbursement Agreement
* Coordination of Training Funds (COTF) – to document the unmet need is not exceeded
* Documents required in the above supportive service guidance for specific services.

## General Procedures:

In order for the aforementioned services to be paid, career managers must provide specific documentation to substantiate the payment and follow general procedures for processing payments/reimbursements. The need for supportive services may be identified during the initial intake or at any time during participation in WIOA Title I programs. The planned action for addressing identified needs, whether provided by the WIOA service provider or arranged through other social service agencies or resources, must be documented in the Individual Employment Plan (IEP)/Individual Service Strategy (ISS) and any modification must follow the procedures outlined in accordance with those policies. The unavailability of other services will be documented using the ***Unavailability of Services*** form. The program notes will reflect information regarding supportive services provided, referrals to other agencies and coordination of services with other agencies. Unless otherwise specified in the procedures listed for specific services, the following documentation is required:

* Unavailability of Services
* Customer Goods/Services Procurement
* Purchase Agreement
* Letter of Authorization to Purchase
* Itemized vendor invoice with participants name
* COTF (where applicable)

# VI. EQUAL OPPORTUNITY AND NONDISCRIMINATION STATEMENT:

All Recipients, and Sub recipients/Sub grantees must comply with WIOA’s Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

# VII. ATTACHMENTS

* Attachment A – Childcare/Dependent Care Agreement
* Attachment B – Childcare/Dependent Care Attendance Record
* Attachment C – Customer Goods/Services
* Attachment D – Letter of Authorization to Purchase
* Attachment E – Purchase Agreement
* Attachment F – Reimbursement Agreement
* Attachment G – Supportive Service Agreement
* Attachment H – Unavailability of Services
* Attachment I – Travel Reimbursement Agreement
* Attachment J – Supportive Service Checklist

# VIII. POLICY ADDITIONS AND CLARIFICATIONS:

The NEWDB Executive Director is authorized to issue additional instructions, guidance, approvals, forms, etc. to further implement the requirements of this policy.

**Approved by NEWDB May 15, 2020:**

**Supportive Service Document Attachments:** For case management service provision, review and signature, as applicable, with participant and/or payee.

* Attachment A – Childcare/Dependent Care Agreement
* Attachment B – Childcare/Dependent Care Attendance Record
* Attachment C – Customer Goods/Services
* Attachment D – Letter of Authorization to Purchase
* Attachment E – Purchase Agreement
* Attachment F – Reimbursement Agreement
* Attachment G – Supportive Service Agreement
* Attachment H – Unavailability of Services
* Attachment I – Travel Reimbursement Agreement
* Attachment J – Supportive Service Checklist

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**CHILDCARE/DEPENENT CARE AGREEMENT**

Between WIOA Service Provider and Vendor as identified below:

|  |  |
| --- | --- |
| **WIOA Service Provider** | **Dependent Care Provider** |
| Odle Management Group, LLC  23205 South HWY 66  Claremore, OK 74109 |  |
| agrees to pay the above Service Provider, a licensed childcare provider, for providing childcare service for the following children of: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Name Participant ID | |
| **Dependent(s) Name** | **Dependent(s) Age** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |

**Standard rates commensurate with DHS subsidy apply. Rates available at:**

<http://www.okdhs.org/services/cc/Pages/ChildCareBenefits.aspx>

The Service Provider agrees to send a completed *Childcare Attendance Record* (Attachment B) for each of the children listed above on the last day of each month in order to receive payment for childcare services. The *Childcare Attendance Record* must be completed and signed in ink by the participant and by the authorized service provider representative. Whiteout may not be used.

This agreement is subject to availability of funds and to budget limitations. Either party may terminate this agreement at any time upon a 30-day written notification of such termination of the agreement.

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Service Provider Name & Title Dependent Care Name & Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Signature Date Dependent Care Provider Signature Date

**CHILDCARE/DEPENENT CARE ATTENDANCE RECORD**

|  |  |
| --- | --- |
| **Dependent Care Service Provider:** | **For the Month of:** |
| **Participant Name:** | **Dependent Name:** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time In** | **Time Out** | **Total Charge** |  | **Date** | **Time In** | **Time Out** | **Total Charge** |
| 1 |  |  |  |  | 17 |  |  |  |
| 2 |  |  |  |  | 18 |  |  |  |
| 3 |  |  |  |  | 19 |  |  |  |
| 4 |  |  |  |  | 20 |  |  |  |
| 5 |  |  |  |  | 21 |  |  |  |
| 6 |  |  |  |  | 22 |  |  |  |
| 7 |  |  |  |  | 23 |  |  |  |
| 8 |  |  |  |  | 24 |  |  |  |
| 9 |  |  |  |  | 25 |  |  |  |
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| 12 |  |  |  |  | 28 |  |  |  |
| 13 |  |  |  |  | 29 |  |  |  |
| 14 |  |  |  |  | 30 |  |  |  |
| 15 |  |  |  |  | 31 |  |  |  |
| 16 |  |  |  |  | Monthly Total | | | $ - |

**Instructions:**

1. Complete and sign in ink.
2. Do not use whiteout
3. **Mail Original to: Odle Management Group, LLC, 23205 South Hwy 66, Claremore, OK 74019**
4. Service Provider must maintain a copy of this record for at least three years in the event local, State, or Federal staff monitor this agreement.

I certify that the information recorded on this attendance record is correct to the best of my knowledge. I understand that any false statement on my part, including the filing of erroneous claims, may result in my prosecution for fraud.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature Date Dependent Care Provider Signature Date**

**CUSTOMER GOODS/SERVICES PROCUREMENT**

**Customer Name:**       **PID:**       **County:**       **Program**:

**Competitive Quote:**

**Item to be purchased (description):**

**(Minimum of three quotes)**

Vendor:       Cost:

Address:       Contact:

Vendor:       Cost:

Address:       Contact:

Vendor:       Cost:

Address:       Contact:

**Vendor Selected:** Cost:

**Sole Source:**

After attempting to do Competitive Quotes, only one source was available for the needed item (ex: utilities, car tags, rural area with limited service providers)

**Rationale:**

**LETTER OF AUTHORIZATION TO PURCHASE**

Vendor:

Address:

Telephone:

Participant Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When signed by an Oklahoma Works American Job Center Staff Member, this instrument authorizes the above-named participant to purchase services and items in the amount listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Career Manager’s Initials (Indicates Approval) | Item/Service to be Purchased | Authorized Cost | Participant’s Signature (Indicates Receipt of items) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total      \_\_\_\_\_\_\_\_\_\_

To receive payment, the vendor must attach an itemized invoice to this letter and submit to:

**Odle Management Group, LLC, 23205 South Hwy 66, Claremore, OK 74019**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_

WIOA Service Provider Staff Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_

WIOA Operations Manager Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_

Fiscal Approval Signature Date

**PURCHASE AGREEMENT**

Between WIOA Service Provider and Vendor as identified below:

|  |  |
| --- | --- |
| **WIOA Service Provider** | **Dependent Care Provider** |
| Odle Management Group, LLC  23205 South HWY 66  Claremore, OK 74109 |  |

##### The WIOA Service Provider agrees to honor purchases authorized by WIOA Service Provider staff to the above Vendor for items/services specified on a Letter of *Authorization to Purchase*.

##### The Vendor agrees to submit the original Letter of *Authorization to Purchase* and an itemized invoice (a statement showing only a balance due will not be adequate) to:

**Odle Management Group, LLC, 23205 South Hwy 66, Claremore, OK 74019.**

This agreement is subject to funds availability and budget limitations. Either party may terminate this agreement at any time upon a 30-day written notification of such termination of the agreement.

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print WIOA Service Provider Staff Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WIOA Service Provider Staff Signature Date

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Vendor Name & Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Signature Date

**REIMBURSEMENT AGREEMENT**

|  |  |  |
| --- | --- | --- |
| Between WIOA Service Provider | And | Participant |
| Odle Management Group, LLC |  |  |
| 23205 S. Hwy 66 |  |  |
| Claremore, OK 74019 |  |  |

Odle Management Group, LLC agrees to reimburse the above named Participant for the following items/services purchased by the Participant:

|  |  |
| --- | --- |
| Items/Services | Purchase Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The Participant agrees to submit an itemized receipt for the above listed items/services to:

**Odle Management Group, LLC, 23205 South Hwy 66, Claremore, OK 74019.**

This agreement is subject to funds availability and budget limitations.

Agreement Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Odle Management Group, LLC Staff Signature:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations Manager Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Manager Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPORTIVE SERVICES AGREEMENT**

|  |  |  |
| --- | --- | --- |
| Between WIOA Service Provider | And | Participant |
| Odle Management Group, LLC |  |  |
| 23205 S. Hwy 66 |  |  |
| Claremore, OK 74019 |  |  |

**EFFECTIVE DATE OF THIS AGREEMENT: \_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

WIOA Service Provider agrees to pay support services directly to the above-named Participant for services identified below.

The Participant agrees to send timesheets/attendance records on the last day of each month to document participation in allowable activities. Timesheets/attendance records must be sent to:

**Odle Management** **Group, LLC, 23205 South Hwy 66, Claremore, OK 74019**

This agreement is subject to availability of funds and to budget limitations. These support services may

be discontinued by Workforce Oklahoma whenever the Participant is no longer participating in the current activity, is exited from the program, or the assistance is no longer essential. If the identified support services are extended beyond the terms of this agreement, a new *Supportive Services Agreement* must be written.

###### Indicate service needed, and provide appropriate information below:

|  |  |
| --- | --- |
| Items/Services | Total Amount of Support |
| Transportation Assistance:  Per day allowance $\_\_\_\_\_\_\_\_\_\_\_\_ x Projected days \_\_\_\_\_\_\_\_\_\_\_ = |  |
| Child/Dependent Care Assistance:  Hourly Allowance $\_\_\_\_\_\_\_\_\_\_\_ x Projected hours\_\_\_\_\_\_\_\_\_\_\_ = |  |
| Other:  Specify: |  |
| Total |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WIOA Service Provider Staff Signature Date**

UNAVAILABILITY OF SERVICES

Participant Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant ID #: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identified Support Service Need:

1. Resources other than WIOA are currently unavailable because:

1. Source of information in Section B:

Name of Agency:

Agency Representative:

Phone Number:       Date Information Received:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print WIOA Service Provider Staff Name WIOA Service Provider Staff Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

**TRAVEL REIMBURSEMENT AGREEMENT**

|  |  |  |
| --- | --- | --- |
| Between WIOA Service Provider | And | Participant |
| Odle Management Group, LLC |  |  |
| 23205 S. Hwy 66 |  |  |
| Claremore, OK 74019 |  |  |

Odle Management Group, LLC agrees to reimburse the above-named Participant Previously Approved Activities associated with attending: occupational skills training, job readiness training employment activities, approved events or activities, WIOA support groups and post-employment training.

|  |  |  |  |
| --- | --- | --- | --- |
| Participants Home/Starting Address: |  | | |
| Ending Address: |  | | |
| Round Trip miles: |  | State Mileage Rate: |  |
| Source Document for Miles: |  | 50% of State Mileage Rate: |  |
| Number of Training Days to be reimbursed: |  | Max Allowable Reimbursement: |  |
| # Round Trip Miles x # Training Days x Reimbursement Rate | | | |

The Participant agrees to submit an itemized receipt for the above listed items/services to:

**Odle Management Group, LLC, 23205 South Hwy 66, Claremore, OK 74019.**

This agreement is subject to funds availability and budget limitations.

Agreement Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Odle Management Group, LLC Staff Signature:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations Manager Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Manager Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training provider:** | | |  |  | **For the Month of:** | |
|  | | |  |  |  | |
| **Participant Name:** | | | | | | |
| **Participant ID:** | | | | | | |
| **Date** | **Client Initials** | **Instructor Initials** |  | **Date** | **Client Initials** | **Instructor Initials** |
| 1 |  |  |  | 17 |  |  |
| 2 |  |  |  | 18 |  |  |
| 3 |  |  |  | 19 |  |  |
| 4 |  |  |  | 20 |  |  |
| 5 |  |  |  | 21 |  |  |
| 6 |  |  |  | 22 |  |  |
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| 13 |  |  |  | 29 |  |  |
| 14 |  |  |  | 30 |  |  |
| 15 |  |  |  | 31 |  |  |
| 16 |  |  |  |  |  |  |

**Instructions:**

1. Complete and sign in ink.
2. Do not use whiteout
3. The Participant and Instructor must initial each day of attendance to be eligible for reimbursement on the identified days.
4. **Mail Original to: Odle Management Group, LLC, 23205 South Hwy 66, Claremore, OK 74019 or Bring to your Case Manager**
5. Service Provider must maintain a copy of this record for at least three years in the event local, State, or Federal staff monitor this agreement.

I certify that the information recorded on this attendance record is correct to the best of my knowledge. I understand that any false statement on my part, including the filing of erroneous claims, may result in my prosecution for fraud.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature Date Training Provider Signature Date**